

# Division of Public Health Agreement Addendum FY 22-23

<hr/> <b>Local Health Department Legal Name</b>	<hr/> Epidemiology / Communicable Disease Branch <b>DPH Section / Branch Name</b>
<hr/> 536 HIV/STD Services	<hr/> Vanessa Gailor 919-546-1658 vanessa.gailor@dhhs.nc.gov
<hr/> <b>Activity Number and Description</b>	<hr/> <b>DPH Program Contact</b> (name, phone number, and email)
<hr/> 06/01/2022 – 05/31/2023	<hr/> <b>DPH Program Signature</b> <b>Date</b>
<hr/> <b>Service Period</b>	(only required for a negotiable Agreement Addendum)
<hr/> 07/01/2022 – 06/30/2023	
<hr/> <b>Payment Period</b>	
<input checked="" type="checkbox"/> Original Agreement Addendum	
<input type="checkbox"/> Agreement Addendum Revision # _____	

**I. Background:**

The primary mission of the Communicable Disease Branch (CDB) is to reduce morbidity and mortality resulting from communicable diseases that are a significant threat to the public through detection, investigation, testing, treatment, tracking, control, education, and care activities to improve the health of people in North Carolina.

The mission of the CDB is closely linked to the mission of the CDC Division of STD Prevention (DSTDP). The DSTDP has specific disease prevention goals which are contextualized within the broad framework of the social determinants of health, the promotion of sexual health, and the primary prevention of sexually transmitted disease.

CDC's Division of STD Prevention concentrates its efforts on four focus areas to guide STD prevention and maximize long term impact:

1. Adolescents and Young Adults
2. Men Who Have Sex with Men (MSM)
3. Pregnant Women
4. STD Prevention Systems

The North Carolina Division of Public Health (DPH) is committed to improving Sexually Transmitted Disease Programs through Assessment, Assurance, Policy Development and Prevention Strategies by:

- Reducing the incidence of STDs
- Improving the integration of STD services in the clinical care setting
- Increasing STD services for at risk populations, and
- Minimizing the threat of antibiotic resistant gonorrhea (GC).

\_\_\_\_\_  
Health Director Signature (use blue ink or verifiable digital signature) \_\_\_\_\_  
Date

LHD to complete: [For DPH to contact in case follow-up information is needed.]	LHD program contact name: _____ Phone and email address: _____
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The CDB has a completely integrated communicable disease program that includes STD/HIV Care and Prevention, Partner Services, and Surveillance activities. Additionally, CDB has well established collaborations with academic medical centers including The University of North Carolina at Chapel Hill, Wake Forest University, and East Carolina University, as well as more than a dozen community-based organizations. However, the foundation of effective surveillance and service delivery depends upon strong relationships with our 85 local health departments. Local health departments are mandated to provide routine STD screening, treatment and prevention services through their STD and family planning clinics at no cost to the client.

## II. **Purpose:**

This Agreement Addendum defines essential services that the Local Health Department must offer to clients seeking an STD evaluation. The goals of HIV/STD Services are to: reduce the incidence of STDs; improve integration of STD services within the clinical and community settings; increase awareness of and provision of STD services for vulnerable populations; and reduce the threat of antibiotic resistant gonorrhea infections.

## III. **Scope of Work and Deliverables:**

The Local Health Department (LHD) shall:

1. **Provide onsite STD diagnostic and treatment services** from qualified staff who are appropriately trained and oriented to provide services in accordance with current Centers for Disease Control and Prevention (CDC) STD Treatment Guidelines and the DPH STD Treatment Guidelines as published in the current North Carolina Sexually Transmitted Diseases Public Health Program Manual available online at <https://epi.dph.ncdhhs.gov/cd/lhds/manuals/std/toc.html>. All laboratory services shall be consistent with CLIA and CDC Treatment Guidelines.

These qualified, appropriately trained and oriented staff include Doctors of Medicine (MDs), Doctors of Osteopathic Medicine (DOs), Advanced Practice Providers (APPs), STD Enhanced Role Registered Nurses (STD ERRNs), and Registered Nurses (RNs) providing essential STD services.

2. **Provide essential STD services** which are defined as taking a medical history including sexual risk assessment, a physical examination inclusive of the upper and lower body, laboratory testing, treatment, counseling, and referral necessary for the evaluation of individuals with an exposure to or symptoms suggestive of a sexually transmitted infection. In the public health setting, this would include primary prevention such as STD screening in asymptomatic clients based upon the client's site or sites of exposure.
3. **Offer routine STD and HIV services at no cost to the client** regardless of county of residence. STD testing which is not required by North Carolina Administrative Code (10A NCAC 41A .0204) may be billed according to local billing policy.
4. **Ensure access to care within one workday of request for clients** requesting evaluation for symptoms of sexually transmitted infection or for exposure to a sexually transmitted infection. The definition of an STD client is any individual presenting with one or more of the following: genital lesions or other lesions suggestive of a sexually transmitted infection (STI); genital discharge; a partner with genital discharge, genital lesions, or other symptoms suggestive of a sexually transmitted infection; a partner receiving or having received treatment for a sexually transmitted infection; referral by a Disease Intervention Specialist (DIS); a positive test for a sexually transmitted infection; or individuals presenting for the purpose of testing or screening for sexually transmitted infections.
5. **Provide at least one of the following screening test combinations** (best practice includes a combination of urine NAAT and gram stain) for males who request STD screening and present with

report of or clinical finding of urethral symptoms (urethral discharge, dysuria, or intrameatal itching):

- a. Urethral gram stain and urine-based nucleic acid amplification testing (NAAT). Treat per standing order based on gram stain results.
  - b. Urine-based NAAT only if gram stain is not available. Treat empirically for gonorrhea and chlamydia per standing order during clinic visit.
  - c. Urethral gram stain and urethral gonorrhea culture, if NAAT is not available. Treat empirically for gonorrhea and chlamydia per standing order during clinic visit.
  - d. Urethral gonorrhea culture if gram stain and NAAT are not available. Treat empirically for gonorrhea and chlamydia per standing order during clinic visit.
6. **Provide at least one of the following screening tests** (best practice is urine NAAT) for asymptomatic males who request STD screening and report urethral exposure within the last 60 days:
    - a. Urine-based nucleic acid amplification testing (NAAT).
    - b. Urethral gram stain if NAAT is not available.
    - c. Urethral gonorrhea culture if gram stain and NAAT are not available.
  7. **Perform a gonorrhea culture for all asymptomatic and symptomatic male clients who request STD screening** and give a history of oral or anal exposure within the last 60 days when the LHD does not provide extragenital NAAT or the client does not meet the most current criteria for NAAT at the North Carolina State Laboratory of Public Health (NC SLPH).
  8. **Perform a wet prep onsite for all female clients who request STD screening** and give a history of vaginal exposure within the last 60 days.
  9. **Perform a gonorrhea culture for all asymptomatic and symptomatic female clients who request STD screening** and give a history of vaginal, oral, or anal exposure within the last 60 days when the LHD does not provide NAAT or the client does not meet the most current criteria for NAAT at the NC SLPH.
  10. When evaluating persons for sexually transmitted infections, **provide HIV testing as a routine part of STD evaluations** unless the client declines to be tested. In addition, the LHD evaluating persons for HIV shall provide STD testing as a routine part of HIV evaluations.
  11. If the LHD offers Expedited Partner Therapy or Express STD Clinic services, **maintain evaluation data** that can be shared electronically with the CDB.
  12. **Report all seropositive HIV tests** to the CDB Regional Office within 24 hours of receipt of the positive report.
  13. **Ensure clinical oversight for its STD Program** by a registered nurse, advanced practice practitioner, or physician.
  14. Ensure that all standing orders or protocols developed for nurses in support of this program must be written in the North Carolina Board of Nursing format. All local health departments shall have a policy in place that support nurses working under standing orders. <http://www.ncbon.com/vdownloads/position-statements-decision-trees/standing-orders.pdf>

15. Ensure that within six months of employment, all newly hired medical providers who perform clinical assessments and management of clients with STD concerns have completed:
  - a. Observations of an experienced STD clinician performing at least one male and one female STD assessment. The observation of the male assessment must include components of a MSM exam. An experienced STD clinician is defined as a physician, and APP, or an STD ERRN with at least one year of STD experience in an LHD.
  - b. Assessment of one male and one female STD client under the observation of an experienced STD clinician.
16. Encourage all newly hired medical providers who perform clinical assessments and management of clients with STD concerns to complete online training when it becomes available.
17. Ensure that currently employed STD clinical providers with the LHD participate in the observation experience described in Paragraph 15 and encourage them to complete online training when it becomes available.
18. **Ensure that each STD ERRN maintains documentation of ERRN course and practicum completion for initial rostering and maintains competency** to annually re-roster to perform evaluation, testing, treatment, counseling, and referral of clients seeking care for sexually transmitted infections through ongoing LHD quality assurance monitoring and through Regional Technical Assistance and Training Program (TATP) Nurse Consultant monitoring. Initial rostering as STD ERRN requires completion of UNC PAA/STD Clinician course and receipt of initial rostering letter and certificate by the CDB. Rostering certificate must be displayed in clinic area where STD examinations are performed. Annual competency validation for re-rostering includes completion of 10 hours of STD-specific continuing education activities, assessment of at least 50 STD patients, and clinical observation of STD ERRN skills by a LHD provider or other STD ERRN.
19. **Provide client-centered counseling** based on the state-approved Counseling, Testing, and Referral (CTR) training curriculum to clients who are HIV positive and to any other client who requests this service. All LHD staff providing positive HIV test results to clients must have first received the state-approved CTR training. (CTR training needs to be taken only once and training certificates for LHD staff must be maintained to document training has been received.) The LHD shall have at least two staff trained at all times to meet service delivery needs.
20. If the LHD provides HIV/Syphilis Partner Notification Services, employ at least two staff who have been trained by the CDB or participated in a CDB-approved training to meet notification service delivery needs.
21. Have policies and procedures electronically available upon request by the CDB Regional Nurse Consultant that address all of the following areas of STD Program Services. It is not required to have a separate policy for each item, but all of these items should be addressed within the STD Program Policies and Procedures:
  - a. Staffing
  - b. Staff Qualifications
  - c. Staff Orientation
  - d. Staff Development
  - e. Client Examination, Testing, Treatment, Counseling and Referral
  - f. NC EDSS Reporting

- g. Community Outreach to Residents
- h. Community Outreach to Medical Providers
- i. Express STD Clinic Services, if applicable
- j. Expedited Partner Therapy, if applicable

**IV. Performance Measures / Reporting Requirements:**

1. **Performance Measure # 1:** The LHD shall provide gonorrhea and chlamydia treatment services to no less than 85% of LHD clients diagnosed with gonorrhea and chlamydia (including family planning, maternity, adult health, and STD clinics) within 14 days from the date the LHD receives the results; 95% or more clients diagnosed with gonorrhea and chlamydia shall receive appropriate treatment within 30 days from the date the LHD receives the results.

**Reporting Requirements:** Reports must be entered in the North Carolina Electronic Disease Surveillance System (NC EDSS) within 30 days of the specimen date. The LHD's county name is to be used as the ordering provider when entering data about LHD clients who meet the case definition for STDs. The LHD must include treatment information on all persons reported with an STD regardless of the ordering provider. If treatment information is not obtained or if the prescribed treatment is not the recommended treatment according to current Centers for Disease Control (CDC) guidelines, the person entering data should document actions taken by LHD staff to resolve the treatment irregularity in the NC EDSS Administrative Package Investigation Trail.

2. **Performance Measure # 2:** New LHD STD clinical providers shall participate in required practicum activities.

**Reporting Requirements:** LHD shall notify the Regional CDB Nurse Consultant within 15 days of hiring any new STD medical provider.

Within six months of employment, each new STD medical provider shall complete clinical practicum activities as directed by the regional TATP nurse consultant. The LHD shall provide documentation of the clinical practicum activities within 15 days of its completion to the Regional CDB Nurse Consultant.

3. **Performance Measure # 3:** LHD shall ensure the STD ERRN training course is completed by all registered nurses who provide clinical assessment and management of clients with STD concerns. After completion of initial STD ERRN training, the skill level of each nurse must be maintained through an acceptable level of practice and observation. An acceptable level of practice is assessment and management of at least 50 STD male and female clients per calendar year and 10 hours of relevant clinical continuing education per calendar year. Alternatively, if the annual practice hour assessment and management requirements cannot be met locally, the STD ERRN shall contact the Regional TATP Nurse Consultant no later than November 1, 2022 to develop an alternative plan to meet the requirements. Exceptions to this requirement for assuring continuing competency will be considered on a case-by-case basis by making a request in writing to the Technical Assistance and Training Program Supervisor or designee.

**Reporting Requirements:** LHD shall document the clinical practice and continuing education of STD ERRNs to the CDB Regional Nurse Consultant no later than January 17, 2023. Specific electronic forms will be distributed by CDB to the LHD prior to December 30, 2022.

LHD shall document annual observation of each STD ERRN by an STD medical provider (MD, DO, APP) or by peer review from another STD ERRN using the STD ERRN Clinical Assessment Tool. If deficiencies are noted, documentation of a corrective action plan should be sent to the CDB Regional Nurse Consultant for review within 15 days.

4. **Performance Measure # 4:** LHD shall provide specific information about its STD clinical services.

**Reporting Requirements:** LHD shall report a current list of names of all STD medical providers and STD ERRNs to the CDB Regional Nurse Consultant no later than January 17, 2023. Specific electronic forms will be distributed by CDB to the LHD prior to December 1, 2022.

LHD shall list clients seen by each STD service provider using a unique identifier such as LHD medical record number and release the lists upon request by the Regional CDB Nursing Consultant for program audits.

**V. Performance Monitoring and Quality Assurance:**

1. The Regional CDB Nurse Consultants will conduct STD Program monitoring site visits which will include observation of clinic flow, laboratory and clinical practices, a review of encounter data, and client records. Monitoring visits may include a review of policies and procedures, face-to-face client interviews, and an administrative staff interview. The LHD may request assistance from the Regional CDB Nurse Consultant for quality improvement initiatives in the STD Program.
2. The Regional CDB Nurse Consultants will remotely monitor by reviewing NC EDSS data including reports, workflows, and disease events. The LHD must have a quality assurance measure that ensures medical record documentation and NC EDSS documentation is accurate and consistent with Agreement Addendum criteria.
3. The LHD must be in compliance with all performance measures or be subject to a corrective action plan. If the corrective action plan is not followed and the LHD remains out of compliance, funds will be withheld, and the Agreement Addendum may be terminated.

**VI. Funding Guidelines or Restrictions:**

1. Requirements for pass-through entities: In compliance with 2 CFR §200.331 – *Requirements for pass-through entities*, the Division of Public Health provides Federal Award Reporting Supplements to the Local Health Department receiving federally funded Agreement Addenda.
  - a. Definition: A Supplement discloses the required elements of a single federal award. Supplements address elements of federal funding sources only; state funding elements will not be included in the Supplement. Agreement Addenda (AAs) funded by more than one federal award will receive a disclosure Supplement for each federal award.
  - b. Frequency: Supplements will be generated as the Division of Public Health receives information for federal grants. Supplements will be issued to the Local Health Department throughout the state fiscal year. For federally funded AAs, Supplements will accompany the original AA. If AAs are revised and if the revision affects federal funds, the AA Revisions will include Supplements. Supplements can also be sent to the Local Health Department even if no change is needed to the AA. In those instances, the Supplements will be sent to provide newly received federal grant information for funds already allocated in the existing AA.